



# Loudoun County Animal Shelter

## Foster Care Application

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Cell): \_\_\_\_\_

E-mail address: \_\_\_\_\_ Driver's License Info.: \_\_\_\_\_

Are you currently a LCACC volunteer? YES NO Former Volunteer? YES NO

Have you ever served as a foster parent for this, or any other organization? Please identify: \_\_\_\_\_

Do you have any prior experience with cats or dogs? Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What kind of animal(s) would you like to foster? (circle all that apply)

Mother with kittens

Mother with puppies

Litter of orphaned kittens

Litter of orphaned puppies

Cat with special health needs

Dog with special needs

Cat with special behavioral needs (e.g. shy)

Dog with special behavioral needs (e.g. shy)

Cat with medical needs (illness/injury)

Dog with medical needs (illness/injury)

Protective custody cat

Protective custody dog

Please identify the number & type of pets you currently have:

Name	Type/Breed	Sex	Spayed/ Neutered?	Age	How long have you owned?	Lives outside?
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any other pets within the last 5 years? YES NO If YES, please explain: (e.g., how/why they passed away, why/where they were given away, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are all of your pets current on their health vaccinations? YES NO

Who is your veterinarian (name, clinic/office name, phone)? \_\_\_\_\_

\_\_\_\_\_ May we contact him/her? (please initial) \_\_\_\_\_

Do you: work? \_\_\_\_\_ attend school? \_\_\_\_\_ full time or part time? \_\_\_\_\_

How many hours per day is the foster animal likely to be left alone? \_\_\_\_\_

Do you work in the animal care field? YES NO If yes, please describe: \_\_\_\_\_

How many adults live in your home? \_\_\_\_\_ Please list the names of all adults (besides yourself) living in your home: \_\_\_\_\_

How many children live in your home? \_\_\_\_\_ Ages of the children? \_\_\_\_\_

Do you frequently have children visit your home? YES NO Do you understand that children may not have unsupervised contact with foster animals? YES NO

Do you own your own home? \_\_\_\_\_ (If not, we will need written permission from your landlord/property manager)

Please provide a reference who is familiar with your home (and is not a relative):

Reference Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you read and understood the LCACC Foster Care Ground Rules and understand that by participating in this foster program you will be bound by those rules and any other directives provided to you by LCACC staff? YES NO If so, please sign below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED \_\_\_\_\_ AGREEMENT SIGNED? \_\_\_\_\_

DATE FOR INTERVIEW \_\_\_\_\_ INTERVIEWED BY \_\_\_\_\_

VOLUNTEER TRAINING COMPLETED \_\_\_\_\_ FOSTER TRAINING COMPLETED \_\_\_\_\_

VET CHECK COMPLETED \_\_\_\_\_ HOME CHECK COMPLETED \_\_\_\_\_

APPROVED FOR: CATS: neonates orphans moms w/litters special needs  
DOGS: neonates orphans moms w/litters special needs

COMMENTS: \_\_\_\_\_

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